

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bethesda Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Almarene Sherrill

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 14 1929
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
12 1 8 hr. min.

9. Birthplace Hogan Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation School Student

11. Industry or business _____

MOTHER FATHER { 12. Name Elsie Sherrill
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Clara Swearingen
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Sherrill

(b) Address Hogan, Mo.

17. (a) Removal (b) Date thereof 6/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hogan, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) JUN 23 1941 (b) J. H. H. H.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Hogan
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1941 hour 7 minute 30 a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Second and Third degree Burns of both lower extremities due to a gasoline explosion of a 1937 Ford driven by Elga Sherrill near Hogan, Missouri. Exact place, time cause and manner could not be determined.
Duration _____
Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations Determined
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Unknown
(c) Where did injury occur? Hogan Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place
(Specify type of place)

(e) Means of injury While at work?

23. Signature Thomas H. H. H. (M. D. or other) 1
Address Deputy Coroner Date signed 6/24/41

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

John Dinkley

Licensed Embalmer No.

P. O. Address

13653
St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.